

BEFORE THE
POSTAL RATE COMMISSION
WASHINGTON, D.C. 20268-0001

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POSTAL RATE COMMISSION
OFFICE OF THE SECRETARY

EXPERIMENTAL PRESORTED PRIORITY
MAIL RATE CATEGORIES, 2001

Docket No. MC2001-1

RESPONSE OF UNITED STATES POSTAL SERVICE
WITNESS LEVINE TO INTERROGATORY OF
THE OFFICE OF THE CONSUMER ADVOCATE
(OCA/USPS-T2-5)

The United States Postal Service hereby provides the response of witness Levine to the following interrogatory of the Office of the Consumer Advocate filed on April 5, 2001: OCA/USPS-T2-5.

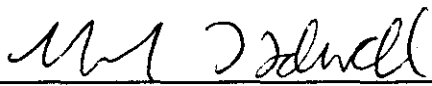
The interrogatory is stated verbatim and is followed by the response.

Respectfully submitted,

UNITED STATES POSTAL SERVICE

By its attorneys:

Daniel J. Foucheaux, Jr.
Chief Counsel, Ratemaking


Michael T. Tidwell

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April 16, 2001

RESPONSE OF USPS WITNESS LEVINE TO INTERROGATORY
OF THE OFFICE OF THE CONSUMER ADVOCATE

OCA/USPS-T2-5.

Please refer to your responses to OCA/USPS-T2-3 and T2-4, regarding the experimental data collection plan. Please confirm that during the period of the experiment, the Postal Service intends to collect the following data as part of that data collection plan: the number of Priority Mail pieces by shape (e.g., letters, flats and parcels), weight, presort level and zone entered by each mailer participating in the experiment for each postal site selected to process presorted Priority Mail.

RESPONSE:

I am informed that the Postal Service intends to collect data of the nature reflected on the attached sample data collection forms, which will be submitted when mail is presented for acceptance. Essential data elements from each form will be electronically entered into a database for analysis. The Postal Service intends to use the data from these forms, as necessary, to supplement the qualitative information obtained during the experiment.

United States Postal Service
Postage Statement — Presorted Priority Mail
Permit Imprint

Post Office: Note Mail Arrival Time

Mailer Information	Permit Holder's Name and Address, and Email Address If Any		Telephone	Name and Address of Mailing Agent (If other than permit holder)		Telephone	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)	
	CAPS Cust. Ref. ID			Dun & Bradstreet No.			Dun & Bradstreet No.	
Mailing Info.	Post Office of Mailing	Processing Category (DMM C050)		Mailing Date	Federal Agency Cost Code	Statement Seq. No.		Number of Containers
	Permit No.	<input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels		<input type="checkbox"/> Identical weight <input type="checkbox"/> Not identical weight		Total Pieces		
	Separation Method: All pieces must be separated by zone when presented for acceptance unless all the pieces are in a weight category for which the rate does not vary by zone (5 pounds or less) or the postage is reported under an MMS.							Total Weight
Postage Computation (DMM P013)	For 5-Digit				Total From Part A (On reverse)			
	For 3-Digit				Total From Part B (On reverse)			
	For ADC				Total From Part C (On reverse)			
	For Residual/Single Piece				Total From Part D (On reverse)			
	For Special Services and Other Fees				Total From Attached Form 3540-S			
	Postmaster: Report total postage in AIC 237.				Total Postage Affixed (Add lines above) →			

Certification

The signature of a mailer certifies that he or she will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that he or she is authorized to sign this statement, that the certification binds the agent and the mailer, and that both the mailer and the agent will be liable for and agree to pay any deficiencies.)

I hereby certify that all information furnished on this form is accurate, truthful, and complete; that the material presented qualifies for the rates of postage claimed; and that this mailing does not contain any hazardous materials prohibited by postal regulations.

I understand that anyone who furnishes false or misleading information on this form or who omits material information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.)

Telephone

USPS Use Only	Weight of a Single Piece _____ pounds		Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No		Round Stamp (Required)
	Total Pieces	Total Weight	If "Yes," Reason		
	Total Postage				
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).				
	Verifying Employee's Signature		Verifying Employee's Name		
		Date Mailed Notified	Contact	By (Initials)	
				Time	AM PM

Presorted Priority Mail — Permit Imprint

A. 5-Digit Presorted

	Zone	Number of Pieces	x	Rate	Total Postage Part A
A1	Unzoned (Up to 5 lbs.)				
A2	Local, 1, 2, & 3				
A3	4				
A4	5				
A5	6				
A6	7				
A7	8				
	Totals				

B. 3-Digit Presorted

	Zone	Number of Pieces	x	Rate	Total Postage Part B
B1	Unzoned (Up to 5 lbs.)				
B2	Local, 1, 2, & 3				
B3	4				
B4	5				
B5	6				
B6	7				
B7	8				
	Totals				

C. ADC Presorted

	Zone	Number of Pieces	x	Rate	Total Postage Part C
C1	Unzoned (Up to 5 lbs.)				
C2	Local, 1, 2, & 3				
C3	4				
C4	5				
C5	6				
C6	7				
C7	8				
	Totals				

D. Residual/Single Piece

	Zone	Number of Pieces	x	Rate	Total Postage Part D
D1	Unzoned (Up to 5 lbs.)				
D2	Local, 1, 2, & 3				
D3	4				
D4	5				
D5	6				
D6	7				
D7	8				
	Totals				

Postage Statement — Presorted Priority Mail
Postage Affixed

Post Office: Note Mail Arrival Time

Mailing	Permit Holder's Name and Address, and Email Address If Any		Telephone	Name and Address of Mailing Agent (If other than permit holder)		Telephone	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)	
	Dun & Bradstreet No.			Dun & Bradstreet No.			Dun & Bradstreet No.	
Postage	Post Office of Mailing	Processing Category (DMM C050)		Mailing Date	Statement Seq. No.	Total Pieces		Number of Containers
	Permit No.	<input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels		<input type="checkbox"/> Identical weight <input type="checkbox"/> Not identical weight		Total Weight		
Computation (DMM P013)	For 5-Digit				Total From Part A (On reverse)			
	For 3-Digit				Total From Part B (On reverse)			
	For ADC				Total From Part C (On reverse)			
	For Residual/Single Piece				Total From Part D (On reverse)			
	For Special Services and Other Fees				Total From Attached Form 3540-S			
Total Postage Affixed (Add lines above) →								

Certification

The signature of a mailer certifies that he or she will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that he or she is authorized to sign this statement, that the certification binds the agent and the mailer, and that both the mailer and the agent will be liable for and agree to pay any deficiencies.)

The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 U.S.C. 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 U.S.C. 3802).

I hereby certify that all information furnished on this form is accurate and truthful, that the material presented qualifies for the rates of postage claimed, and that this mailing does not contain any hazardous materials prohibited by postal regulations.

Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.)

Telephone

USPS Use Only	Weight of a Single Piece		Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No			Round Stamp (Required)
	pounds		If "Yes," Reason			
	Total Pieces	Total Weight				
	Total Postage					
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort); (3) proper completion of postage statement; and (4) payment of annual fee.					
	Date Mailing Notified		Contact	By (Initials)		
	Verifying Employee's Signature		Verifying Employee's Name		Time	AM PM

Presorted Priority Mail — Postage Affixed

A. 5-Digit Presorted

	Zone	Number of Pieces	x	Net Rate Affixed	Total Postage Part A
A1	Unzoned (Up to 5 lbs.)				
A2	Local, 1, 2, & 3				
A3	4				
A4	5				
A5	6				
A6	7				
A7	8				
	Totals				

B. 3-Digit Presorted

	Zone	Number of Pieces	x	Net Rate Affixed	Total Postage Part B
B1	Unzoned (Up to 5 lbs.)				
B2	Local, 1, 2, & 3				
B3	4				
B4	5				
B5	6				
B6	7				
B7	8				
	Totals				

C. ADC Presorted

	Zone	Number of Pieces	x	Net Rate Affixed	Total Postage Part C
C1	Unzoned (Up to 5 lbs.)				
C2	Local, 1, 2, & 3				
C3	4				
C4	5				
C5	6				
C6	7				
C7	8				
	Totals				

D. Residual/Single Piece

	Zone	Number of Pieces	x	Net Rate Affixed	Total Postage Part D
D1	Unzoned (Up to 5 lbs.)				
D2	Local, 1, 2, & 3				
D3	4				
D4	5				
D5	6				
D6	7				
D7	8				
	Totals				

DECLARATION


I, Jonathan Levine, hereby declare, under penalty of perjury, that the foregoing Postal Rate Commission Docket No. MC2000-1 interrogatory answers are true to the best of my information, knowledge and belief.

Jonathan Levine
Jonathan Levine

4-16-01
Date

CERTIFICATE OF SERVICE

I hereby certify that I have this day served the foregoing document upon all participants of record in this proceeding in accordance with section 12 of the Rules of Practice.

A handwritten signature in black ink, appearing to read "Michael T. Tidwell", is written over a horizontal line.

Michael T. Tidwell

475 L'Enfant Plaza West, S.W.
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April 16, 2001